



Version 1.0

APPLICATION FORM – MEDICAL EDUCATIONAL GRANT (OUTSIDE US)

Date: (yyyy/mm/dd)	
Name of applicant organisation and type of organisation: (University, hospital, CME provider, etc.)	
Address of applicant: (Physical address)	
Contact person's full name, phone number and email address:	
Purpose and scope of the activity: (Thorough description - to verify if Lundbeck can support the purpose and also to understand the scope of activities)	
Milestones and deliverables for the activity:	
Detailed budget breakdown for the activity: (Clear description of use of grant applied for at Lundbeck versus total budget for the medical educational activity)	
Time frame of the supported activity: (A "one-off" activity or support over a limited time period, etc.)	
Expected number and type of target audience:	
Other information or supporting documentation that the applicant deems important for the application: (Please attach documents to the application if necessary)	